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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/530,025-Conf. #2944
		Filing Date	April 1, 2005
		First Named Inventor	Toshihiro ISE
		Examiner Name	C. Aulakh
		Art Unit	1625
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	0649-1067PUS1

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 02-2448   
 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**FEE CALCULATION**

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<b>Total Claims</b> <u>7</u> - 20 = _____ x _____ = _____	<b>Extra Claims</b> _____ x _____ = _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____
HP = highest number of total claims paid for, if greater than 20.				
<b>Indep. Claims</b> <u>2</u> - = _____ x _____ = _____	<b>Extra Claims</b> _____ x _____ = _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____	
HP = highest number of independent claims paid for, if greater than 3.				

**3. APPLICATION SIZE FEE**

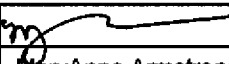
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b> _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	<b>Extra Sheets</b> _____ / 50 = _____ (round up to a whole number) x _____ = _____	<b>Number of each additional 50 or fraction thereof</b> _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	40,069
Name (Print/Type)	MaryAnne Armstrong, Ph.D.	Telephone	(703) 205-8000
		Date	March 3, 2008